

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51			
2		1					52			
3		2					53			
4		2					54			
5		2					55			
6		0					56			
7		0					57			
8		0					58			
9		0					59			
10		0					60			
11			1				61			
12				1			62			
13				1			63			
14				1			64			
15				1			65			
16				1			66			
17				1			67			
18				1			68			
19				1			69			
20				1			70			
21							71			
22							72			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			1				TOTAL IND.			
TOTAL DEP.			9				TOTAL DEP.			
TOTAL CLAIMS			10				TOTAL CLAIMS			